

# THE PUBLIC'S HEALTH

Newsletter for Medical Professionals in Los Angeles County

Volume 3 • Number 1

January 2003

## SPECIAL REPORTING ISSUE - 2003


In Los Angeles County, there are more than 80 diseases and conditions reportable by law to the local health department. Since there are several distinct forms and procedures to report diseases, this special issue of **THE PUBLIC'S HEALTH** was created to serve as a convenient resource to facilitate disease reporting throughout 2003. The timely and accurate reporting of communicable diseases (both confirmed and suspected cases) is an essential component of disease surveillance, prevention and control. Delay or failure to report may contribute to the secondary transmission of disease and is a misdemeanor (Health and Safety Code §120295). Furthermore, in light of the potential threat of bioterrorist activity, the need for prompt and thorough disease reporting is now especially important.

Of special note, the Los Angeles County's Confidential Morbidity Report (CMR), which is used to report the majority of communicable diseases, has recently been modified; the patient's date of hospitalization (if applicable) is now requested, and aspects related to hepatitis infection have been expanded. Questions regarding completion of the newly revised form can be addressed by calling the Acute Communicable Disease Unit at 213-240-7941.

**Continued on page 2**

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## NEW HEALTHCARE INFORMATION PRIVACY STANDARDS EXEMPT PUBLIC HEALTH AGENCIES

Much is being written about the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as the deadline approaches for full implementation in April 2003. Congress established these regulations to safeguard personal medical information from inappropriate disclosure and misuse. However, there have been questions from some healthcare providers about the legality of communicable disease reporting without obtaining prior patient consent. In fact, HIPAA regulations contain specific language permitting reporting to public health agencies of diseases and conditions listed in state public health laws and regulation. Patient authorization is NOT required when you as a healthcare professional or clinical laboratory director suspect or diagnose a disease of public health importance that is reportable by law in California or Los Angeles County. The public health reporting exceptions are described in Section 164.512b (p. 82813-4) under "permitted disclosures." The full HIPAA regulations, background, and technical assistance are available at [www.hhs.gov/ocr/hipaa](http://www.hhs.gov/ocr/hipaa). 

***New patient record privacy standards do not preclude sharing information with public health officials.***

# THE PUBLIC'S HEALTH

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## Reporting Diseases (from page 1)

### Reporting changes implemented in 2002

The two most significant changes in disease reporting initiated during the previous year were the addition of human immunodeficiency syndrome (HIV) and invasive pneumococcal disease (IPD) to the county's list of reportable diseases and conditions. These additions were established in order to improve our surveillance system and guide resource allocations for healthcare, education and supportive services. The need to fine tune resource allocation is critical during these times of budget cuts and limitations.

### HIV:

The mandatory reporting of HIV infection was initiated in July 2002. This addition does not replace the reporting of Acquire Immunodeficiency Syndrome (AIDS) which has been reportable since 1983. Unique to HIV reporting is the exclusion of personal identifiers and the necessary interaction between healthcare providers and laboratories which diagnose HIV infection. Accordingly, a special process has been created to allow for systematic reporting while accounting for these particular facets. HIV case reporting was described in the July/August 2002 issue of *The Public's Health* available at: [www.lapublichealth.org/wwwfiles/ph/ph/TPH\\_July-August\\_2002\\_rev.pdf](http://www.lapublichealth.org/wwwfiles/ph/ph/TPH_July-August_2002_rev.pdf) and additional reporting information is available at: [www.lapublichealth.org/hiv/hivreporting.htm](http://www.lapublichealth.org/hiv/hivreporting.htm). Questions can be addressed by calling 213-351-8561. For your convenience, the HIV/AIDS Case Report Form (DHS 8641A: 9/01) is provided in this issue.

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## FOODBORNE ILLNESS REPORTING

*Food and drink may be the vehicle of many human diseases, so reporting possible foodborne illnesses to the Health Department is an important surveillance tool for public health. Don't wait for test results to return before you report; if you see 2 or more cases of the same syndrome in persons from separate households but with the same suspected food source, Public Health should be notified immediately by telephone. This is especially important if illness is suspected of coming from a commercial food item or retail establishment. Public Health can investigate quickly and take control measures to prevent exposure of others to contaminated or spoiled food.*


*Report possible foodborne illness to the disease reporting hotline:  
888-397-3993.*

## Reporting Diseases (from page 2)

### Invasive Pneumococcal Disease:

Mandatory IPD reporting was initiated in October 2002 (as described in the October 2002 issue of **THE PUBLIC'S HEALTH** available at: [www.lapublichealth.org/wwwfiles/ph/ph/ph/TPH\\_October\\_2002.pdf](http://www.lapublichealth.org/wwwfiles/ph/ph/ph/TPH_October_2002.pdf)). The reduction of IPD is a priority of the Centers for Disease Control and Prevention (CDC) and is among the Healthy People 2010 objectives set by the United States Surgeon General. Nationally, 23 states require reporting of IPD and 28 require reporting of drug-resistant *Streptococcus pneumoniae*, a leading cause of illness in young children and illness and death in the elderly. Enhanced IPD surveillance will also allow more effective response to other antimicrobial resistant infections. The IPD Case Reporting Form is provided in this issue. Additional instructions and related information are available at: [www.lapublichealth.org/acd/antibio.htm](http://www.lapublichealth.org/acd/antibio.htm) or by calling 213-240-7941.

### Enhanced Bioterrorism-related Reporting

During 2001, the most significant changes in disease reporting were established to respond to the need for enhanced bioterrorism surveillance. Because of the potential threat of its use as a bioterrorist agent, smallpox was reinstated to the list of reportable diseases. In addition, fatal cases of varicella were also added to the list — both require immediate notification by telephone to the Los Angeles County Department of Health Services (888-397-3993). A total of seven agents have been defined by the CDC as posing the most risk to national security thereby meriting intensive surveillance and rapid reporting: **anthrax, botulism, brucellosis, plague, smallpox, tularemia, and viral hemorrhagic fever viruses**; any case or suspected case requires immediate notification by telephone to the Los Angeles County Department of Health Services. In addition, laboratories receiving specimens for the diagnosis of any of these diseases must immediately contact the California Department of Health Services (510-540-2242 for bacterial testing, 510-307-8575 for viral testing). 

***Primary healthcare providers will probably be the first to observe and report bioterrorist-associated illness.***

Perhaps the most critical aspect of an effective response to a bioterrorist event is recognizing that something unusual is occurring. Primary healthcare providers will probably be the first to observe and report bioterrorist-associated illness. As such, healthcare professionals should be aware of unusual occurrences or patterns of disease which include:

- ☐ serious, unexpected, unexplained acute illness with atypical host characteristics (e.g., young patient, immunologically intact, no underlying illness or recent travel or other exposure or potential source of infection);
- ☐ multiple similarly presenting cases — especially if these are geographically associated or closely clustered in time;
- ☐ an increase in a common syndrome occurring out of season (e.g., influenza-like illness in the summer)

**Anything suspicious warrants an immediate call to ACDC: 213-240-7941**

# Reporting Cases of Vaccine-Preventable Diseases to the Health Department

## Why is it important?

The Immunization Program assists with controlling the spread of vaccine-preventable diseases in the community. Timely reporting to the Health Department of suspected or confirmed cases is critically important for our control measures. Once a case is reported, it is not merely a statistic. Public health nurses investigate every reported case of measles, rubella, congenital rubella syndrome, pertussis, *Haemophilus influenzae* type b, hepatitis A, tetanus, diphtheria, and polio, as well as outbreaks of vaccine-preventable diseases; they implement control measures to prevent spread to family members and the community. The confidentiality of patient information is protected by law.


## What are the reporting requirements for selected vaccine-preventable diseases?

California Code of Regulations, Title 17, Section 2500, Public Health, requires health care providers to report the following diseases or conditions of public health importance to the local health department. (Note: **This is only a partial list of all reportable diseases.** The most recent list of all reportable diseases is available in this issue and at the Department of Health Services Acute Communicable Disease Control web site [www.lapublichealth.org/acd/reports/acdcmr.pdf](http://www.lapublichealth.org/acd/reports/acdcmr.pdf)).

DISEASE	REPORTING PROCEDURE
Diphtheria	Report immediately to Acute Communicable Disease Control (ACDC) by phone (213) 240-7941. After hours, report to (213) 974-1234 for release of anti-toxin.
<i>Haemophilus influenzae</i> , invasive disease Hepatitis A Measles (rubeola) Pertussis (whooping cough) Poliomyelitis, paralytic	Report by mail, phone, or fax within 1 working day of identification of the case or suspected case. The Immunization Program requests an immediate phone call for measles cases (213) 351-7440.
Hepatitis B (specify acute or chronic case) Mumps Pneumococcal, invasive disease * Rubella (German measles) Rubella syndrome, congenital Tetanus	Report by mail, phone, or fax within 7 calendar days of identification of the case or suspected case. The Immunization Program requests an immediate phone call for rubella cases (213) 351-7440.
Outbreaks of any disease	Report immediately to the Communicable Disease Reporting System by phone (888) 397-3993. Report varicella outbreaks (5 or more cases) to the Immunization Program at (213) 351-7440.

\* Required in Los Angeles County. Use the IPD report form available at [www.lapublichealth.org/acd/procs/pneumo/spfrm4.pdf](http://www.lapublichealth.org/acd/procs/pneumo/spfrm4.pdf).

## Where and how do I report these diseases?

Health care workers and school officials are required by law to report cases of vaccine-preventable diseases. Cases can be reported to the Communicable Disease Reporting System (CDRS) by telephone or fax. Confidential Morbidity Report (CMR) forms can be obtained by fax from any local health center registrar, from the Morbidity Central Reporting Unit (MCRU), or from the Department of Health Services web site at [www.lapublichealth.org/acd/reports/acdcmr.pdf](http://www.lapublichealth.org/acd/reports/acdcmr.pdf). Cases among residents of Long Beach or Pasadena should be reported to those city health departments. 

### Report to:

#### Communicable Disease Reporting System

Hotline: (888) 397-3993

Fax: (888) 397-3778

#### Morbidity Central Reporting Unit

Phone: (213) 240-7821

### For general information only:

E-mail: [cdsreprt@dhs.co.la.ca.us](mailto:cdsreprt@dhs.co.la.ca.us)

### For cases among residents

#### of Long Beach and Pasadena:

##### Long Beach City Health Dept.

##### Epidemiology

Phone: (562) 570-4301/4302

Fax: (562) 570-4374

##### Pasadena City Health Dept.

##### Public Health Nursing

Phone: (626) 744-6128

Fax: (626) 744-6115

### For additional information about vaccine-preventable disease reporting:

#### Immunization Program

#### Epidemiology Unit


Phone: (213) 351-7440

Fax: (213) 351-2782

## New TB Screening Guidelines for Skilled Nursing Facilities

The California Department of Health Services (CDHS) Tuberculosis Control Branch and the Executive Committee of the California Tuberculosis Controllers Association (CTCA), in consultation with the CDHS Licensing and Certification Program, have issued new guidelines for screening employees and residents of skilled nursing facilities.

These guidelines provide recommendations for screening employees and residents in skilled nursing facilities as part of a comprehensive TB exposure and control program. Measures that include careful screening and early identification of residents and employees with or at risk for TB are considered the highest priority for a facility exposure control plan.

The Los Angeles County TB Control Program will be developing a plan to assure that these state guidelines are being implemented in all skilled nursing facilities within the county. The guidelines may be accessed via the CTCA website at [www.ctca.org/guideline/SNF%20Guide%204%2019%2002.pdf](http://www.ctca.org/guideline/SNF%20Guide%204%2019%2002.pdf) 


## Mandatory Animal Bite Reporting

The Veterinary Public Health and Rabies Control Program (VPH-RCP) is the designated program responsible for investigating all reported animal bites and suspected animal rabies cases throughout the county. Los Angeles is a rabies endemic county, with approximately one rabid bat being identified each month. Even though rabies has not been detected in local domestic animals since 1987, there is a chance that a dog or cat could contract rabies from an infected bat or an infected animal could be imported into the county.

Physicians and other health care providers are legally required to report all animal bites that come to their attention to VPH-RCP. Reports may be submitted by fax, phone or the internet. VPH-RCP personnel will then either quarantine the biting animal or submit it for testing to rule out rabies.

### Animal Disease/Death Reporting

Animals infected with diseases that may be associated with bioterrorism, zoonoses or foreign animal diseases must be reported to VPH-RCP. Also, unusual animal deaths or illness clusters are reportable by phone, fax or the internet.

Animals may serve as sentinels for the introduction of new infectious diseases into the community, whether intentionally (e.g., bioterrorism) or naturally (e.g., West Nile Virus [WNV]). Animal illness may be identified prior to human cases, so animal disease surveillance may allow for earlier identification of disease threats. Wild bird deaths are currently reportable as part of WNV surveillance. 

### Veterinary Public Health and Rabies Control Program

Phone number: 877-747-2243

Fax number: 323-735-2085, 323-731-9208

Internet reporting:

Bites: <http://lapublichealth.org/vet/biteintro.htm>

Animal diseases: <http://lapublichealth.org/vet/disintro.htm>

## Los Angeles County Department of Health Services Information and Reporting Phone Numbers

	Phone Number	Hours available	Service Providers	What can be reported?
<b>AIDS/STD</b>				
HIV/AIDS Surveillance	213-351-8516	8AM-5PM M-F	Healthcare Providers/Labs	HIV/AIDS case reporting and HIV confirmed test results.
Sexually Transmitted Disease/HIV Hotline	1-800-758-0880	7AM-5PM M-F; 24/hr msg.	Public and Healthcare Providers	STD/HIV information line; specific information available from a Health Educator.
<b>ANIMAL REPORTING</b>				
Animal Rabies and Disease Reporting	1-877-747-2243	8AM-5PM M-F; 24/hr msg.	Public and Healthcare Providers	Reporting of animal bites, rabies, and dead birds for disease surveillance (e.g., West Nile Virus).
<b>CHILDREN SERVICES</b>				
California Children Services	1-800-288-4584	8AM-5PM	General Public	Medical assessments and referrals.
LA County Child Health/Disability Prevention	1-800-993-2437	7:30AM-5PM	Public and Healthcare Providers	Information regarding immunizations and medical examinations.
LA County Child Protection Hotline	1-800-540-4000	24 hours	Public, Healthcare Providers & Law Enforcement	Child abuse reporting, social workers available for information.
<b>DISEASE AND ILLNESS RELATED INFORMATION LINES</b>				
Communicable Disease Reporting System (CDRS)	1-888-397-3993 or Fax 1-888-397-3778	24 hours	Healthcare Providers	Communicable disease reporting.
Environmental Health Hotline	1-888-700-9995	8AM-4PM M-F monitored; 24hr line	Public and Healthcare Providers	Food facility complaints, technical issues, policies and procedures.
Foodborne Illness Reporting	1-888-397-3993 or Fax 1-888-397-3778	24 hours	Healthcare Providers and General Public	Reporting of possible foodborne illnesses.
Health Facilities (Complaints)	1-800-228-1019	8AM-5PM M-F; 24/hr msg.	Public and Healthcare Providers	Complaints about health facilities.
Health Services Information	1-800-427-8700	7AM-6PM M-F	Public and Healthcare Providers	Healthcare resource information, county facility and information numbers.
LA County Alcohol and Drug Programs	1-800-564-6600	8AM-5PM M-F	General Public	Information regarding alcohol and drug treatment centers.
Lead Program: General Information Line	1-800-524-5323	8AM-5PM M-F	Healthcare Providers and General Public	General information line concerning lead poisoning
Lead Program: Medically elevated blood levels of lead reporting	213-351-5086	8AM-5PM M-F	Healthcare Providers/Labs	Reporting of medically determined high levels of lead in the blood.
Lead Program: Unsafe work practices for those working with lead-based products	213-738-6129	8AM-5PM M-F	General Public	Reporting unsafe methods of removing lead-based paint.
TB Control Program: Surveillance Unit	213-744-6271 or Fax 213-749-0926	8AM-5PM M-F; 24/hr msg.	Healthcare Providers	Reporting TB cases and suspected cases.

**REPORTABLE DISEASES AND CONDITIONS****Title 17, California Code of Regulations (CCR), § 2550**

It shall be the duty of every health care provider, knowing of or in attendance on a case or suspected case of any diseases or conditions listed below, to report to the local health officer for the jurisdiction where the patient resides. Where no health care provider is in attendance, any individual having knowledge of a person who is suspected to be suffering from one of the diseases or conditions listed below may make such a report. "Health care provider" encompasses physicians, surgeons, veterinarians, podiatrists, nurse practitioners, physician assistants, registered nurses, nurse midwives, school nurses, infection control practitioners, medical examiners, coroners, dentists and chiropractors.

**Urgency Reporting Requirements:**

☎ = Report immediately by telephone.

✉ = Report by mailing, telephoning or electronically transmitting a report within 1 working day of identification of the case or suspected case.

☎ = Report by telephone within 1 hour followed by a written report submitted by facsimile or electronic mail within 1 working day.

If no symbol, report within 7 calendar days from the time of identification by mail, telephone or electronic report.

**REPORTABLE DISEASES**

<p>Acquired Immune Deficiency Syndrome (AIDS)*</p> <p>☒ Amebiasis</p> <p>☒ Anisakiasis</p> <p>☎ Anthrax</p> <p>☒ Babesiosis</p> <p>☎ Botulism (Infant, Foodborne, Wound)</p> <p>☎ Brucellosis</p> <p>☒ Campylobacteriosis</p> <p>☒ Chancroid*</p> <p>☒ Chlamydial Infections*</p> <p>☎ Cholera</p> <p>☎ Ciguatera Fish Poisoning</p> <p>☒ Coccidioidomycosis</p> <p>☒ Colorado Tick Fever</p> <p>☒ Conjunctivitis, Acute Infectious of the Newborn, Specify Etiology</p> <p>☒ Cryptosporidiosis</p> <p>☒ Cysticercosis</p> <p>☎ Dengue</p> <p>☎ Diarrhea of the Newborn, Outbreaks</p> <p>☎ Diphtheria</p> <p>☎ Domoic Acid Poisoning (Amnesic Shellfish Poisoning)</p> <p>☒ Echinococcosis (Hydatid Disease)</p> <p>☒ Ehrlichiosis</p> <p>☒ Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic</p> <p>☎ <i>Escherichia coli</i> O157:H7 Infection</p> <p>☒ Foodborne Disease:</p> <p>☎ (2 or more cases from separate households with same suspected source)</p> <p>☒ Giardiasis</p> <p>☒ Gonococcal Infections*</p> <p>☒ <i>Haemophilus influenzae</i>, Invasive Disease</p> <p>☎ Hantavirus Infections</p>	<p>☎ Hemolytic Uremic Syndrome</p> <p>☒ Hepatitis, Viral</p> <p>☒ Hepatitis A</p> <p>☒ Hepatitis B (Specify Acute Case or Chronic)</p> <p>☒ Hepatitis C (Specify Acute Case or Chronic)</p> <p>☒ Hepatitis D (Delta)</p> <p>☒ Hepatitis, Other, Acute</p> <p>☒ Human Immunodeficiency Virus (HIV)*</p> <p>☒ Kawasaki Syndrome (Mucocutaneous Lymph Node Syndrome)</p> <p>☒ Legionellosis</p> <p>☒ Leprosy (Hansen Disease)</p> <p>☒ Leptospirosis</p> <p>☒ Listeriosis</p> <p>☒ Lyme Disease</p> <p>☒ Lymphocytic Choriomeningitis</p> <p>☒ Malaria</p> <p>☒ Measles (Rubeola)</p> <p>☒ Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic</p> <p>☎ Meningococcal Infections</p> <p>☒ Mumps</p> <p>☒ Non-Gonococcal Urethritis (report laboratory-confirmed chlamydial infections as chlamydia)*</p> <p>☎ Paralytic Shellfish Poisoning</p> <p>☒ Pelvic Inflammatory Disease (PID)*</p> <p>☒ Pertussis (Whooping Cough)</p> <p>☎ Plague, Human or Animal</p> <p>☒ Poliomyelitis, Paralytic</p> <p>☒ Psittacosis</p> <p>☒ Q Fever</p> <p>☎ Rabies, Human or Animal</p> <p>☒ Relapsing Fever</p> <p>☒ Reye Syndrome</p> <p>☒ Rheumatic Fever, Acute</p>	<p>☒ Rocky Mountain Spotted Fever</p> <p>☒ Rubella (German Measles)</p> <p>☒ Rubella Syndrome, Congenital</p> <p>☒ Salmonellosis (other than Typhoid Fever)</p> <p>☎ Scabies (Atypical or Crusted) ★</p> <p>☎ Scombroid Fish Poisoning</p> <p>☒ Shigellosis</p> <p>☎ Smallpox</p> <p>☒ Streptococcal Infections:</p> <p>☒ Outbreaks of any Type and Individual Cases in Food Handlers and Dairy Workers Only</p> <p>☒ Invasive Group A Streptococcal Infections including Streptococcal Toxic Shock Syndrome and Necrotizing Fasciitis ★ (Do not report individual cases of pharyngitis or scarlet fever.)</p> <p>☒ Invasive <i>Streptococcus pneumoniae</i> ★</p> <p>☒ Swimmer's Itch (Schistosomal Dermatitis)</p> <p>☒ Syphilis*</p> <p>☒ Tetanus</p> <p>☒ Toxic Shock Syndrome</p> <p>☒ Toxoplasmosis</p> <p>☒ Trichinosis</p> <p>☒ Tuberculosis*</p> <p>☎ Tularemia</p> <p>☒ Typhoid Fever, Cases and Carriers</p> <p>☒ Typhus Fever</p> <p>☎ Varicella (fatal cases only)</p> <p>☒ <i>Vibrio</i> Infections</p> <p>☎ Viral Hemorrhagic Fevers (e.g., Crimean-Congo, Ebola, Lassa, and Marburg viruses)</p> <p>☒ Water-associated Disease</p> <p>☎ Yellow Fever</p> <p>☒ Yersiniosis</p> <p>☎ OCCURRENCE OF ANY UNUSUAL DISEASE</p> <p>☎ OUTBREAKS OF ANY DISEASE</p>
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**Notification Required of Laboratories (CCR § 2505)**

<p>☎ Anthrax +■</p> <p>☎ Botulism ■</p> <p>☎ Brucellosis +■</p> <p>☒ Chlamydial infections*</p> <p>☒ Cryptosporidiosis</p> <p>☒ Diphtheria +</p> <p>☒ Encephalitis, arboviral</p> <p>☎ <i>Escherichia coli</i> O157:H7 or Shiga toxin-producing <i>E. coli</i> O157:NM +</p> <p>☒ Gonorrhea*</p> <p>☒ Hepatitis A, acute infection, by IgM antibody test or positive viral antigen test</p>	<p>☒ Hepatitis B, acute infection, by IgM anti-HBc antibody test</p> <p>☒ Hepatitis B surface antigen positivity (specify gender)</p> <p>☒ Human Immunodeficiency Virus (HIV)*</p> <p>☒ Listeriosis +</p> <p>☒ Malaria +</p> <p>☒ Measles (Rubeola), acute infection, by IgM antibody test or positive viral antigen test</p> <p>☎ Plague, animal or human +■</p> <p>☒ Rabies, animal or human</p>	<p>☒ Salmonella +</p> <p>☎ Smallpox ■</p> <p>☒ <i>Streptococcus pneumoniae</i>, Invasive ★</p> <p>☒ Syphilis*</p> <p>☒ Tuberculosis +*</p> <p>☎ Tularemia +■</p> <p>☒ Typhoid and other <i>Salmonella</i> species +</p> <p>☒ <i>Vibrio</i> species infections +</p> <p>☎ Viral Hemorrhagic Fevers (e.g., Crimean-Congo, Ebola, Lassa, and Marburg viruses) ■</p>
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★ Reportable to the LA County Dept. of Health Services.

+ Bacterial isolates and malarial slides must be forwarded to the DHS Public Health Laboratory for confirmation. Health-care providers must still report all such cases separately.

■ Laboratories receiving specimens for the diagnosis of the diseases must immediately contact the California Dept. of Health Services; for botulism testing call 213-240-7941, for bacterial testing call 510-540-2242, for viral testing call 510-307-8575.

**Non-communicable Diseases or Conditions**

Alzheimer's Disease and Related Conditions	Disorders Characterized by Lapses of Consciousness	☎ Pesticide-Related Illnesses (Health and Safety Code, § 105200)
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\* For questions regarding the reporting of HIV/AIDS, STDs, or TB, contact their respective programs:

**HIV Epidemiology Program**

213-351-8516

[www.lapublichealth.org/hiv/index.htm](http://www.lapublichealth.org/hiv/index.htm)

**STD Program**

213-744-3070

[www.lapublichealth.org/std/index.htm](http://www.lapublichealth.org/std/index.htm)

**TB Control Program**

213-744-6271 (for reporting) 213-744-6160 (general)

[www.lapublichealth.org/tb/index.htm](http://www.lapublichealth.org/tb/index.htm)

**To report a case or outbreak of any disease contact the Communicable Disease Reporting System Hotline**

**Tel: 888-397-3993 • Fax: 888-397-3778**



COUNTY OF LOS ANGELES  
DEPT. OF HEALTH SERVICES  
PUBLIC HEALTH  
313 N. Figueroa St., Rm. 117  
Los Angeles, CA 90012  
888-397-3993 (tel.)  
888-397-3778 (fax.)

# CONFIDENTIAL MORBIDITY REPORT

**NOTE:** This form is not intended for reporting STDs, HIV, AIDS or TB. See comments below



DISEASE BEING REPORTED:			DISTRICT CODE (internal use only):																																																													
Patient's Last Name:		Social Security Number:		Ethnicity (check one): <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic / Non-Latino																																																												
First Name and Middle Name (or initial):		Birthdate (MM/DD/YYYY):	Age:	Race (check one): <input type="checkbox"/> White <input type="checkbox"/> African American / Black <input type="checkbox"/> Native American / Alaskan Native <input type="checkbox"/> Other _____ <input type="checkbox"/> Asian / Pacific Islander (check one below): <input type="checkbox"/> Asian-Indian <input type="checkbox"/> Japanese <input type="checkbox"/> Cambodian <input type="checkbox"/> Korean <input type="checkbox"/> Chinese <input type="checkbox"/> Laotian <input type="checkbox"/> Filipino <input type="checkbox"/> Samoan <input type="checkbox"/> Hawaiian <input type="checkbox"/> Other _____																																																												
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Home Telephone Number: ( )		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female → Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Estimated Delivery Date (MM/DD/YYYY): / /																																																														
Work Telephone Number: ( )																																																																
Patient's Occupation or Setting: <input type="checkbox"/> Day Care <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Food Service: (Explain) _____ <input type="checkbox"/> Health Care <input type="checkbox"/> School <input type="checkbox"/> Other: (Explain) _____				Risk Factors / Suspected Exposure Type: (check all that apply) <input type="checkbox"/> Blood transfusion <input type="checkbox"/> Needle or blood exposure <input type="checkbox"/> Child care <input type="checkbox"/> Recreational water exposure <input type="checkbox"/> Food / drink <input type="checkbox"/> Sexual activity <input type="checkbox"/> Foreign travel <input type="checkbox"/> Unknown <input type="checkbox"/> Household exposure <input type="checkbox"/> Other (specify) _____																																																												
Date of Onset (MM/DD/YYYY): / /		Health Care Provider:		Type of diagnostic specimen: (check all that apply) <input type="checkbox"/> Blood <input type="checkbox"/> CSF <input type="checkbox"/> Stool <input type="checkbox"/> Urine <input type="checkbox"/> Clinical <input type="checkbox"/> No test <input type="checkbox"/> Other _____																																																												
Date of Diagnosis (MM/DD/YYYY): / /		Health Care Facility:																																																														
Date of Hospitalization (MM/DD/YYYY): / /		Address:																																																														
Date of Death (MM/DD/YYYY): / /		City:																																																														
		Telephone:	FAX:																																																													
		Submitted by:	Date CMR submitted (MM/DD/YYYY): / /																																																													
<b>Hepatitis Diagnosis:</b> <input type="checkbox"/> Hep A, acute <input type="checkbox"/> Hep B, acute <input type="checkbox"/> Hep B, chronic <input type="checkbox"/> Hep C, acute <input type="checkbox"/> Hep C, chronic <input type="checkbox"/> Hep D <input type="checkbox"/> Other Hepatitis _____		<b>Type of Hepatitis Testing</b> (check all that apply): <table border="1"><thead><tr><th></th><th>Pos.</th><th>Neg.</th><th>Pend.</th><th>Not Done</th></tr></thead><tbody><tr><td>anti-HAV IgM</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>HBsAg</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>anti-HBc (total)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>anti-HBc IgM</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>anti-HBs</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>anti-HCV</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="5">- anti-HCV signal to cut-off ratio = _____</td></tr><tr><td>PCR-HCV</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>anti-Delta</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>other test</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="5">specify _____</td></tr></tbody></table>				Pos.	Neg.	Pend.	Not Done	anti-HAV IgM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HBsAg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	anti-HBc (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	anti-HBc IgM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	anti-HBs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	anti-HCV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- anti-HCV signal to cut-off ratio = _____					PCR-HCV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	anti-Delta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	other test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	specify _____				
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specify _____																																																																
<b>Elevated LFTs?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes → ALT AST																																																																
<b>Jaundiced?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes																																																																
<b>DO NOT</b> use this form to report HIV/AIDS, chancroid, chlamydia infections, gonorrhea, non-gonococcal urethritis, pelvic inflammatory disease, syphilis, or tuberculosis.  <b>For HIV and AIDS:</b> report to the HIV Epidemiology Program. Reporting information and forms are available by phone (213-351-8516) or at: <a href="http://www.lapublichealth.org/hiv/index.htm">www.lapublichealth.org/hiv/index.htm</a>  <b>For Pediatric AIDS:</b> report to the Pediatric HIV/AIDS Reporting Program. Reporting information is available by calling 213-250-8666.  <b>For Tuberculosis:</b> report cases and suspected cases to the TB Control Program within 24 hours of identification. Reporting information is available by phone (213-744-6160) or at: <a href="http://www.lapublichealth.org/tb/index.htm">www.lapublichealth.org/tb/index.htm</a> Fax reports to: 213-744-0926.  <b>For STDs:</b> The STDs that are reportable to the STD Program include: chlamydial infections, syphilis, gonorrhea, chancroid, non-gonococcal urethritis (NGU), and pelvic inflammatory disease. Reporting information is available by phone (213-744-3070) or at: <a href="http://www.lapublichealth.org/std/index.htm">www.lapublichealth.org/std/index.htm</a>																																																																
<b>REMARKS:</b>																																																																

**FAX THIS REPORT TO: 888-397-3778**

For assistance, please call the Morbidity Unit at 888-397-3993, or mail to Morbidity Unit, 313 N. Figueroa St. #117, Los Angeles, CA 90012.

[illegible]

Soundex code	Date of birth Month      Day      Year	Gender <input type="checkbox"/> 1 M <input type="checkbox"/> 3 M→F <input type="checkbox"/> 2 F <input type="checkbox"/> 4 F→M	Last four digits of SSN	Lab report number	*Confidential C&T number
<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>		<div style="border: 1px solid black; width: 60px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>

\*Publicly funded confidential counseling and testing sites only

Diagnosis status at report (check one)		Age at Diagnosis Years	Current status	Date of death	State/Territory of death
<input type="checkbox"/> 1 HIV infection(not AIDS) .....		<input type="text"/>	<input type="checkbox"/> 1 Alive	Month      Day      Year	
<input type="checkbox"/> 2 AIDS.....		<input type="text"/>	<input type="checkbox"/> 2 Dead	<input type="text"/>	
			<input type="checkbox"/> 9 Unknown		
Race/Ethnicity <input type="checkbox"/> 1 White (non-Hispanic) <input type="checkbox"/> 2 Black (non-Hispanic)			Country of birth		
<input type="checkbox"/> 3 Hispanic (specify: _____) <input type="checkbox"/> 4 Asian/Pacific Islander (specify: _____)			<input type="checkbox"/> 1 U.S.		
<input type="checkbox"/> 5 American Indian/Alaska Native <input type="checkbox"/> 9 Not specified			<input type="checkbox"/> 7 U.S. Territories (including Puerto Rico)		
			<input type="checkbox"/> 8 Other (specify): _____		
<input type="checkbox"/> 9 Unknown					
<input type="checkbox"/> Check if HIV infection is presumed to have been acquired outside United States and Territories.      Specify country: _____					
Residence at diagnosis:		City	County	State/Country	ZIP code
<input type="checkbox"/> Homeless					

Facility name \_\_\_\_\_

City \_\_\_\_\_

State/Country \_\_\_\_\_

Facility type (check one)

☐ 01 Physician, HMO

☐ 29 Community Health Center

☐ 30 Correctional Facility

☐ 31 Hospital, inpatient

☐ 32 Hospital, outpatient

☐ 88 Other (specify): \_\_\_\_\_

☐ 99 Unknown

Facility setting (check one)

☐ 1 Public

☐ 2 Private

☐ 3 Federal

☐ 9 Unknown

After 1977 and preceding the first positive HIV antibody test or AIDS diagnosis, this patient had (respond to **ALL** categories):

• Sex with a male.....

• Sex with a female.....

• Injected nonprescription drugs.....

• Received clotting factor for hemophilia/coagulation disorder.....

Specify disorder:

☐ 1 Factor VIII (Hemophilia A)    ☐ 2 Factor IX (Hemophilia B)

☐ 8 Other (specify): \_\_\_\_\_

• HETEROSEXUAL relations with any of the following:

• Intravenous/injection drug user.....

• Bisexual male.....

• Person with hemophilia/coagulation disorder.....

• Transfusion recipient with documented HIV infection.....

• Transplant recipient with documented HIV infection.....

• Person with AIDS or documented HIV infection, risk not specified.....

• Received transfusion of blood/components (other than clotting factor)

First:          Last:

• Received transplant of tissue/organs or artificial insemination.....

• Worked in a health care or clinical laboratory setting.....

(Specify occupation):

	Pos	Neg	Ind	Not Done	TEST DATE	
					Month	Year
• HIV-1 EIA .....	1	0	—	9	:	:
• HIV-1/HIV-2 combination EIA.....	1	0	—	9	:	:
• HIV-1 Western Blot/IFA .....	1	0	8	9	:	:
• Other HIV antibody test .....	1	0	8	9	:	:

(Specify): \_\_\_\_\_

☐ Culture    ☐ Antigen    ☐ PCR, DNA, or RNA probe  
 Other (specify): \_\_\_\_\_

Month	Year

Test type\*  Copies/ml , ,

\*Type 11=NASBA (Organon); 12=RT-PCR (Roche); 13=bDNA (Chiron); 18=Other

Patient's name (last, first, MI)		Telephone number (       )		Social Security Number	
Address (number, street)		City		County	
				State	ZIP code

**VIII. Clinical Status**

Clinical record reviewed	Yes	No	Enter date patient was diagnosed as				Month	Year
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	• Asymptomatic (including acute retroviral syndrome and persistent generalized lymphadenopathy) ..... • Symptomatic (not AIDS) .....					

AIDS INDICATOR DISEASES	Initial Diagnosis		Initial Date		AIDS INDICATOR DISEASES	Initial Diagnosis		Initial Date	
	Def.	Pres.	Month	Year		Def.	Pres.	Month	Year
Candidiasis, bronchi, trachea, or lungs	1	NA			Lymphoma, Burkitt's (or equivalent term)	1	NA		
Candidiasis, esophageal	1	2			Lymphoma, immunoblastic (or equivalent term)	1	NA		
Carcinoma, invasive cervical	1	NA			Lymphoma, primary in brain	1	NA		
Coccidioidomycosis, disseminated or extrapulmonary	1	NA			<i>Mycobacterium avium</i> complex or <i>M.kansasii</i> , disseminated or extrapulmonary	1	2		
Cryptococcosis, extrapulmonary	1	NA			<i>M. tuberculosis</i> , pulmonary	1	2		
Cryptosporidiosis, chronic intestinal (>1 month duration)	1	NA			<i>M. tuberculosis</i> , disseminated or extrapulmonary*	1	2		
Cytomegalovirus disease (other than in liver, spleen, or nodes)	1	NA			<i>Mycobacterium</i> of other species or unidentified species, disseminated or extrapulmonary	1	2		
Cytomegalovirus retinitis (with loss of vision)	1	2			<i>Pneumocystis carinii</i> pneumonia	1	2		
HIV encephalopathy	1	NA			Pneumonia, recurrent, in 12-month period	1	2		
Herpes simplex: chronic ulcer(s) (>1 month duration); or bronchitis, pneumonitis, or esophagitis	1	NA			Progressive multifocal leukoencephalopathy	1	NA		
Histoplasmosis, disseminated or extrapulmonary	1	NA			Salmonella septicemia, recurrent	1	NA		
Isosporiasis, chronic intestinal (>1 month duration)	1	NA			Toxoplasmosis of brain	1	2		
Kaposi's sarcoma	1	2			Wasting syndrome due to HIV	1	NA		

Def.=definitive diagnosis      Pres.=presumptive diagnosis      \*RVCT case number   

If HIV tests were not positive or were not done, does this patient have an immunodeficiency that would disqualify him/her from the AIDS case definition? Yes No Unknown

1 0 9

**IX. Treatment/Services Referrals**

Has the patient been informed of his/her HIV infection? ..... <span style="float: right;">Yes No Unknown</span> <span style="border: 1px solid black; padding: 0 5px;">1</span> <span style="border: 1px solid black; padding: 0 5px;">0</span> <span style="border: 1px solid black; padding: 0 5px;">9</span> This patient's partner(s) has been or will be notified about their HIV exposure and counseled by: <span style="border: 1px solid black; padding: 0 5px;">1</span> Health Department <span style="border: 1px solid black; padding: 0 5px;">2</span> Physician/Provider <span style="border: 1px solid black; padding: 0 5px;">3</span> Patient <span style="border: 1px solid black; padding: 0 5px;">9</span> Unknown This patient received or is receiving: • Antiretroviral therapy ..... <span style="float: right;">Yes No Unknown</span> <span style="border: 1px solid black; padding: 0 5px;">1</span> <span style="border: 1px solid black; padding: 0 5px;">0</span> <span style="border: 1px solid black; padding: 0 5px;">9</span> • PCP prophylaxis ..... <span style="float: right;">Yes No Unknown</span> <span style="border: 1px solid black; padding: 0 5px;">1</span> <span style="border: 1px solid black; padding: 0 5px;">0</span> <span style="border: 1px solid black; padding: 0 5px;">9</span> This patient is receiving or has been referred for: • HIV-related medical services ..... <span style="float: right;">Yes No NA Unknown</span> <span style="border: 1px solid black; padding: 0 5px;">1</span> <span style="border: 1px solid black; padding: 0 5px;">0</span> <span style="border: 1px solid black; padding: 0 5px;">—</span> <span style="border: 1px solid black; padding: 0 5px;">9</span> • Substance abuse treatment services ..... <span style="float: right;">Yes No NA Unknown</span> <span style="border: 1px solid black; padding: 0 5px;">1</span> <span style="border: 1px solid black; padding: 0 5px;">0</span> <span style="border: 1px solid black; padding: 0 5px;">8</span> <span style="border: 1px solid black; padding: 0 5px;">9</span>	This patient has been enrolled at: <table style="width:100%;"> <tr> <td style="width:50%;"> <b>Clinical Trial</b>  <span style="border: 1px solid black; padding: 0 5px;">1</span> NIH-sponsored  <span style="border: 1px solid black; padding: 0 5px;">2</span> Other  <span style="border: 1px solid black; padding: 0 5px;">3</span> None  <span style="border: 1px solid black; padding: 0 5px;">9</span> Unknown             </td> <td style="width:50%;"> <b>Clinic</b>  <span style="border: 1px solid black; padding: 0 5px;">1</span> HRSA-sponsored  <span style="border: 1px solid black; padding: 0 5px;">2</span> Other  <span style="border: 1px solid black; padding: 0 5px;">3</span> None  <span style="border: 1px solid black; padding: 0 5px;">9</span> Unknown             </td> </tr> </table> This patient's medical treatment is primarily reimbursed by: <table style="width:100%;"> <tr> <td style="width:50%;"> <span style="border: 1px solid black; padding: 0 5px;">1</span> Medicaid  <span style="border: 1px solid black; padding: 0 5px;">3</span> No coverage  <span style="border: 1px solid black; padding: 0 5px;">7</span> Clinical trial/government program             </td> <td style="width:50%;"> <span style="border: 1px solid black; padding: 0 5px;">2</span> Private insurance/HMO  <span style="border: 1px solid black; padding: 0 5px;">4</span> Other public funding  <span style="border: 1px solid black; padding: 0 5px;">9</span> Unknown             </td> </tr> </table>	<b>Clinical Trial</b> <span style="border: 1px solid black; padding: 0 5px;">1</span> NIH-sponsored <span style="border: 1px solid black; padding: 0 5px;">2</span> Other <span style="border: 1px solid black; padding: 0 5px;">3</span> None <span style="border: 1px solid black; padding: 0 5px;">9</span> Unknown	<b>Clinic</b> <span style="border: 1px solid black; padding: 0 5px;">1</span> HRSA-sponsored <span style="border: 1px solid black; padding: 0 5px;">2</span> Other <span style="border: 1px solid black; padding: 0 5px;">3</span> None <span style="border: 1px solid black; padding: 0 5px;">9</span> Unknown	<span style="border: 1px solid black; padding: 0 5px;">1</span> Medicaid <span style="border: 1px solid black; padding: 0 5px;">3</span> No coverage <span style="border: 1px solid black; padding: 0 5px;">7</span> Clinical trial/government program	<span style="border: 1px solid black; padding: 0 5px;">2</span> Private insurance/HMO <span style="border: 1px solid black; padding: 0 5px;">4</span> Other public funding <span style="border: 1px solid black; padding: 0 5px;">9</span> Unknown
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**For women:**

- This patient is receiving or has been referred for gynecological or obstetrical services..... Yes No Unknown
- This patient is currently pregnant ..... 1 0 9
- This patient has delivered live born infant(s)..... 1 0 9

(If yes and if delivered after 1977, provide birth information below for the most recent birth)

Child's date of birth	Hospital of birth	Child's Soundex	Child's state patient number
Month   Day   Year	City   State	<span style="border: 1px solid black; padding: 0 10px;">  </span>	<span style="border: 1px solid black; padding: 0 10px;">  </span>

**X. Comments**

Health Department Use Only:      Census Tract: \_\_\_\_\_ Non-LA: \_\_\_\_\_ Assigned To: \_\_\_\_\_  
 Health District: \_\_\_\_\_ NIR Code: \_\_\_\_\_ Approved By: \_\_\_\_\_

Persons with HIV infection without an AIDS diagnosis must be reported without name. Persons with conditions meeting AIDS case criteria must be reported with name. For additional information about HIV/AIDS case reporting, please call your local health department.

**XI. Provider Information**

Physician's name (last, first, MI)	Telephone number (      )	Patient's medical record number	Person completing form	Telephone number (      )
Address (number, street)		City	State	ZIP code

**MAIL COMPLETED FORM TO YOUR LOCAL HEALTH DEPARTMENT.**

LOS ANGELES COUNTY SEXUALLY TRANSMITTED DISEASE  
CONFIDENTIAL MORBIDITY REPORT

Mail to: STD PROGRAM, 2615 S. Grand Avenue, Rm. 450, Los Angeles, CA 90007  
Fax to: (213) 749-9602 or (213) 749-9606

PATIENT'S LAST NAME		MEDICAL RECORD NUMBER	
FIRST NAME		SOCIAL SECURITY NUMBER	
ADDRESS		BIRTH DATE	
CITY/TOWN		STATE	
AREA CODE		ZIP CODE	
HOME/CELL TELEPHONE #		WORK TELEPHONE #	
GENDER: Male Female		Transgender (M to F)	
PREGNANT Yes No		LMP	
GENDER OF SEX PARTNERS IN PAST 12 MONTHS: Only Females Only Males Both Males and Females		Refused	
CHLAMYDIA		GONORRHEA	
DIAGNOSIS		DIAGNOSIS	
Asymptomatic		Asymptomatic	
Symptomatic (all sites that apply)		Symptomatic (all sites that apply)	
Cervix Urine Rectum		Cervix Urine Rectum	
Urethra Ophthalmia/Conjunctiva		Urethra Ophthalmia/Conjunctiva	
Nasopharynx Other		Nasopharynx Other	
Pelvic Inflammatory Disease		Pelvic Inflammatory Disease	
Laboratory Test (all sites that apply) Date: / /		Laboratory Test (all sites that apply) Date: / /	
DNA Probe PCR SDA		DNA Probe Culture SDA	
LCR TMA Other		LCR TMA Other	
Patient treated: Yes No (If Yes, give treatment, dose, and date)		Patient treated: Yes No (If Yes, give treatment, dose, and date)	
Date Treatment/Dose		Date Treatment/Dose	
Partner Information (in the past 60 days)		Partner Information (in the past 60 days)	
# of partners elicited		# of partners elicited	
# of partners referred		# of partners referred	
# of partners treated		# of partners treated	
# of partners dispensed PDT		# of partners treated	
COMMENTS:			

CONGENITAL SYPHILIS		OTHER REPORTABLE STDs	
<b>INFANT INFORMATION</b> <input type="checkbox"/> Live Birth      Date of Birth: ____ / ____ / ____ <input type="checkbox"/> Stillbirth      Gestational Age: ____ (weeks) <input type="checkbox"/> Darkfield Positive Date: ____ / ____ / ____ Site ____ <input type="checkbox"/> Long Bone X-rays <input type="checkbox"/> Negative <input type="checkbox"/> Positive <b>RPR Positive</b> <input type="checkbox"/> Yes      Titer 1: ____ <input type="checkbox"/> No      Not examined <b>Serum:</b> Titer 4x > mothers? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>CSF:</b> VDRL <input type="checkbox"/> Reactive <input type="checkbox"/> Non-Reactive WBC > 5/mm <sup>3</sup> <input type="checkbox"/> Yes <input type="checkbox"/> No Protein > 50mg/dl <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Hepatosplenomegaly <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Other _____		<b>MATERNAL INFORMATION</b> Mother's Name: _____ Medical Record No. _____ Date of Birth ____ / ____ / ____ Country of Birth: _____ Arrival date in U.S.A.: ____ (Diagnosis/Stage of Syphilis) _____ Date(s) treated _____ at _____ (MD/Facility) Mother's Serology at delivery: _____ RPR or VDRL _____ Date _____ Titer _____ Syphilis-G EIA _____ FTA-ABS _____ Reactive _____ Reactive _____ TP-PA _____ TP-PA _____ TP-PA _____ TP-PA _____	
<b>USE OF THE STD CONFIDENTIAL MORBIDITY REPORT</b> Confidential Morbidity Report is available on the internet at: <a href="http://www.lapublichealth.org/std/stdprov.htm">www.lapublichealth.org/std/stdprov.htm</a> To request CMR forms call: (213) 744-3252		<b>DATE OF REPORT</b> ____ / ____ / ____ <b>REPORT SUBMITTED BY:</b> Name _____ Title _____ Facility/Clinic _____ Address _____ City _____ State _____ Zip _____ Phone # ( _____ ) _____	

<b>REPORTING</b> This report is designed for health care providers to report sexually transmitted diseases mandated by state law (California Administrative Code, Title 17, Public Health, Section 2500, 1990). These diseases are of such major public health concern that surveillance of their occurrence is in the public interest.  Syphilis case reports should be submitted within one (1) working day. All case reports for other reportable STDs should be submitted within seven (7) days. All case report information will be managed in the strictest confidence. Your cooperation in reporting is both encouraged and appreciated.	<b>CONFIDENTIAL MORBIDITY REPORT</b> This report is designed for health care providers to report sexually transmitted diseases mandated by state law (California Administrative Code, Title 17, Public Health, Section 2500, 1990). These diseases are of such major public health concern that surveillance of their occurrence is in the public interest.  Syphilis case reports should be submitted within one (1) working day. All case reports for other reportable STDs should be submitted within seven (7) days. All case report information will be managed in the strictest confidence. Your cooperation in reporting is both encouraged and appreciated.	<b>CRITERIA FOR REPORTING SELECTED STDs</b> More detailed criteria for diagnosis are available on the internet at: <a href="http://www.lapublichealth.org/std/diseases/stddef.htm">www.lapublichealth.org/std/diseases/stddef.htm</a> <b>NGU/PID</b> Cases of urethritis or pelvic inflammatory disease, where tests for gonorrhea or chlamydia are negative or have not been performed; should be reported as NGU or PID under "OTHER REPORTABLE STDs". <b>CHANCROID</b> Laboratory confirmation by isolation of H. ducreyi <b>OR</b> compatible clinical picture as evidenced by 1 or more painful genital ulcers and inguinal adenopathy <b>PLUS</b> lab exclusion of syphilis or HSV <b>PRIMARY SYPHILIS</b> Compatible clinical picture as evidenced by 1 or more painless indurated ulcers at the site of exposure <b>AND</b> laboratory confirmation by either a) demonstration of T. pallidum by darkfield of fluorescent antibody methods or b) reactive serological test for syphilis. ** Current serologic tests may not become positive until 7-10 days following appearance of the lesion. <b>SECONDARY SYPHILIS</b> Identification of T. pallidum from a lesion compatible with secondary syphilis <b>OR</b> compatible clinical picture as evidenced by palmar/plantar rash, localized or diffuse mucocutaneous lesions, alopecia, or generalized lymphadenopathy <b>PLUS</b> laboratory confirmation by either a or b: a) Reactive nontreponemal test (>1:4) with no prior diagnosis of syphilis; b) Four-fold or greater increase in nontreponemal test titer compared with most recent test for individuals with prior history of syphilis. <b>EARLY LATENT SYPHILIS (under 1 year)</b> Reactive treponemal and nontreponemal test, <b>AND</b> initial infection that has occurred within previous 12 months as demonstrated by either a, b, or c: a) Nonreactive or four-fold lower titer nontreponemal test within past 12 months; b) History consistent with untreated primary or secondary syphilis in the past 12 months; c) Sexual exposure to a partner with primary, secondary or early latent syphilis in the past 12 months, and no history of treatment for syphilis following the exposure. <b>NEUROSYPHILIS</b> Clinical suspicion of central nervous system involvement warrants CSF evaluation of any stage of syphilis. Neurosyphilis may occur earlier and more frequently in HIV-infected individuals.
<b>PARTNER SERVICES</b> All health care providers are urged to encourage patients with STDs to refer their sexual partners so that those partners can seek appropriate medical evaluation and treatment. California physicians are required by law to: 1) endeavor to discover the source of the infection, as well as any sexual contacts that the patient made while in the communicable stage of the disease; 2) make an effort, through cooperation of the patient, to bring those persons in for examination and, if necessary, treatment; and 3) report case to the local health officer (California Code of Regulations, Title 17, 2636). A new law (Health and Safety code 120582) allows health care providers to provide treatment for chlamydia to partners without an exam. This is called Patient-Delivered Partner Therapy or PDPT. STD Program staff are available to assist in partner notification, evaluation, and treatment. For assistance with case reporting, treatment, or related issues for all STDs, please contact the Los Angeles County Sexually Transmitted Disease Program at (213) 744-3070.	<b>PARTNER SERVICES</b> All health care providers are urged to encourage patients with STDs to refer their sexual partners so that those partners can seek appropriate medical evaluation and treatment. California physicians are required by law to: 1) endeavor to discover the source of the infection, as well as any sexual contacts that the patient made while in the communicable stage of the disease; 2) make an effort, through cooperation of the patient, to bring those persons in for examination and, if necessary, treatment; and 3) report case to the local health officer (California Code of Regulations, Title 17, 2636). A new law (Health and Safety code 120582) allows health care providers to provide treatment for chlamydia to partners without an exam. This is called Patient-Delivered Partner Therapy or PDPT. STD Program staff are available to assist in partner notification, evaluation, and treatment. For assistance with case reporting, treatment, or related issues for all STDs, please contact the Los Angeles County Sexually Transmitted Disease Program at (213) 744-3070.	<b>HIV</b> HIV reporting is now state mandated using a non-name identification code. HIV/AIDS cases should be submitted on report form <b>DHS8641</b> to the HIV Epidemiology Department. Please refer additional questions regarding HIV reporting to the HIV Epidemiology Program at (213) 351-8516.

# Invasive Pneumococcal Disease (Streptococcus pneumoniae)

## Demographic Data

Patient name: \_\_\_\_\_  
**Last First MI**

Address: \_\_\_\_\_  
**Number & Street**

\_\_\_\_\_ **City County Zip**

Phone(s): ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
**Home Work**

Sex: ☐ Female ☐ Male Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_

Race: ☐ American Indian ☐ Asian/Pacific Islander ☐ Black  
☐ White ☐ Unknown ☐ \_\_\_\_\_

Hispanic: ☐ Yes ☐ No ☐ Unknown

## Sources of Report

☐ Laboratory ☐ Public Health Laboratory  
☐ Physician ☐ Infection Control Practitioner  
☐ Other \_\_\_\_\_  
(e.g. school, camp, etc...)

Facility name: \_\_\_\_\_

Address, City: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Report

Primary physician: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

## Clinical Data

### Outcome:

☐ Survived  
☐ Died Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ Unknown

### Hospitalized:

☐ Yes ☐ No ☐ Unknown

If Yes, Name of Hospital: \_\_\_\_\_

Med. Record # \_\_\_\_\_

Admission Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Discharge Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Transferred to/from another hospital:

☐ Yes ☐ No ☐ Unknown

If Yes, Transfer Hospital name: \_\_\_\_\_

Transfer date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Vaccination status:

If ≥ 65 years old,

☐ Yes ☐ No ☐ Unknown

If < 5 years old,

No. of doses received \_\_\_\_\_

☐ Unknown

## Laboratory Data

Date specimen collected: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Specimen type (NORMALLY STERILE SITES ONLY):

☐ Amniotic Fluid ☐ Blood  
☐ CSF ☐ Joint/synovial Fluid  
☐ Pericardial Fluid ☐ Peritoneal Fluid  
☐ Pleural Fluid ☐ Other \_\_\_\_\_

Antibiotic susceptibilities performed? ☐ Yes ☐ No ☐ Unknown

If YES, specify antibiotic susceptibility results and what method(s) were used for each antibiotic. YOU MAY ATTACH A COPY OF ANTIBIOTIC SUSCEPTIBILITY RESULTS or YOU MAY TRANSCRIBE THE RESULTS TO THE FORM.

Use the following codes to specify method used: KB for disk diffusion (Kirby-Bauer), MIC for dilution diffusion (minimum inhibitory concentration), or specify other method used.

For results, specify S=susceptible, I=intermediate resistance, or R=high resistance.

Antibiotic Name	Result	Method(s) Used	Antibiotic Name	Result	Method(s) Used	Antibiotic Name	Result	Method(s) Used
Azithromycin	S / I / R	_____	Ciprofloxacin	S / I / R	_____	Ofloxacin	S / I / R	_____
Cefepime	S / I / R	_____	Clarithromycin	S / I / R	_____	Penicillin	S / I / R	_____
Cefotaxime	S / I / R	_____	Clindamycin	S / I / R	_____	Rifampin	S / I / R	_____
Ceftriaxone	S / I / R	_____	Erythromycin	S / I / R	_____	Tetracycline	S / I / R	_____
Cefuroxime	S / I / R	_____	Imipenem	S / I / R	_____	TMP-SMX	S / I / R	_____
Chloramphenicol	S / I / R	_____	Levofloxacin	S / I / R	_____	(Trimethoprim-sulfamethoxazole)		
						Vancomycin	S / I / R	_____

If not listed above, please specify antibiotic result and method used:

**PLEASE RETURN COMPLETED FORM TO FAX (888) 397-3778**

**FOR QUESTIONS AND ADDITIONAL FORMS, PLEASE CALL (213) 240-7941 OR VISIT:**

<http://lapublichealth.org/acd/pneumo.htm>

Los Angeles County  
Phone: (213) 744-6160  
Fax: (213) 749-0926

# Confidential Morbidity Report of Tuberculosis Suspects & Cases

Department of  
Health Services

Under California law, all forms of Tuberculosis require reporting within one working day.

Patient's Last Name	First	Middle	Date of Birth / /	Age	Sex	Patient's SS#
Patient's Address	City	State	Zip	County	Phone ( ) -	
Occupation	Country of Birth	Date Arrived in U.S. / /	Medical Record Number			

Race/Ethnicity: ☐ White ☐ Black ☐ Asian ☐ Pacific Islander ☐ Hispanic ☐ Non-Hispanic

Name of Physician: \_\_\_\_\_ Phone: ( ) -

Address: \_\_\_\_\_

Laboratory: \_\_\_\_\_ Phone: ( ) -

Date: / / Previous TB Skin Test	mm of induration	Chest X-ray date: / /	<input type="checkbox"/> WNL <input type="checkbox"/> Cavitary <input type="checkbox"/> Non-Cavitary
Date: / / Current TB Skin Test	mm of induration	Impression: _____	

Complete for suspect/case TB disease only

☐ Suspect  
☐ Case

☐ Pulmonary TB  
☐ Extrapulmonary TB

Site: \_\_\_\_\_

Date of Onset  
/ /

Cough/Sputum  
production

☐ Yes  
☐ No

Date of Diagnosis  
/ /

Date of Death  
/ /

Bacteriology

☐ Not Done

Date Collected	Specimen Type	Smear AFB	Culture MTB

Treatment

☐ Not Started

Drug	Dose	Start Date
INH		
Rifampin		
EMB		
PZA		
Other		

- ☐ Skin test reactor under age 4 yrs. (for source case finding)  
☐ Other skin test reactor (only) referred for ☐ Chest x-ray ☐ Preventive Therapy  
High Risk Factor (see back) \_\_\_\_\_

Remarks:

Name of Person Reporting: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) -

## For TB Control Use

☐ New or ☐ Open

Dp#: \_\_\_\_\_

☐ Close date \_\_\_\_\_

☐ Conf. date \_\_\_\_\_

☐ TBC or ☐ PMD

☐ Faxed date \_\_\_\_\_

☐ Faxed date \_\_\_\_\_

cc: \_\_\_\_\_

CT: \_\_\_\_\_

Revised  
5/98

**COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES  
PUBLIC HEALTH PROGRAM AND SERVICES - DISEASE CONTROL PROGRAM**

**VETERINARY PUBLIC HEALTHY AND RABIES CONTROL PROGRAM**

**FORM FOR MEDICAL PROFESSIONALS**

**Instructions:**

- \* All animal bites are reportable to the Health Department immediately.
- \* Please FAX all bite information to (323) 731-9208 or (323) 735-2085.
- \* Please print in black ink.
- \* Fill out as much information as possible, especially; (Person Bitten: #1, 3, 4, 8, 10)  
(Animal: #32, 33, 34, 35).

**Our address:**                      **Veterinary Public Health And Rabies Control Program**  
   **3834 S. Western Avenue #238**  
   **Los Angeles, CA 90062**  
   **Tel: (323) 730-3723**  
   **<http://lapublichealth.org/vet/index.htm>**

OUTSIDE AGENCY ANIMAL BITE REPORT  
Public Health Programs - COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES

**PERSON BITTEN**

Identifi- cation	1. NAME (LAST AND FIRST)		2. BIRTHDATE	3. ADDRESS (STREET AND NO.) (CITY & ZIP)	
	4. PHONE NO. OF VICTIM		5. REPORTED BY		6. PHONE NO. OF REPORTER
Injury	8. DATE & HOUR BITTEN	9. ADDRESS WHERE BITTEN (STREET AND NO.)			10. BODY LOCATION, EXTENT & TYPE OF INJURY
	11. HOW BITE OCCURRED <input type="checkbox"/> PROVOKED <input type="checkbox"/> VICIOUS <input type="checkbox"/> PLAYFUL <input type="checkbox"/> SICK <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER: _____				
TREATMENT OF WOUND	12. DATE TREATED	13. TREATED BY			14. PHONE NO.
	16. TYPE OF TREATMENT GIVEN (NONE, IF NOT TREATED)				

**ANIMAL**

Identifi- cation	32. OWNER		33. ADDRESS (STREET AND NO.) (CITY & ZIP)		
	34. PHONE NO.	35. TYPE OF ANIMAL <input type="checkbox"/> DOG <input type="checkbox"/> CAT <input type="checkbox"/> OTHER _____			37. DESCRIPTION OF ANIMAL
Animal Info	38. ANIMAL IMPOUNDED? <input type="checkbox"/> YES <input type="checkbox"/> NO    ANIMAL SHELTER _____ IMPOUND# _____				
	39. WAS ANIMAL VACCINATED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT VERIFIED		40. DATE VACCINATED	41. STERILIZED <input type="checkbox"/> YES <input type="checkbox"/> NO	42. VETERINARIAN
	43. WAS DOG LICENSED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT VERIFIED		44. LICENSE #	45. EXPIRATION DATE	46. CITY OR COUNTY
	REMARKS				

## DISEASE REPORTING FORMS INDEX

All Los Angeles County Department of Health Services case reporting forms are available by calling their respective programs and through their web sites. The following forms are included in this issue:

### Los Angeles County Department of Health Services, Reportable Diseases and Conditions, 2003

Morbidity Unit ..... 888-397-3993  
Acute Communicable Disease Control ..... 213-240-7941  
[www.lapublichealth.org/acd/reports/acdcmr.pdf](http://www.lapublichealth.org/acd/reports/acdcmr.pdf)

### Confidential Morbidity Form (revised 12/02)

Morbidity Unit ..... 888-397-3993  
Acute Communicable Disease Control ..... 213-240-7941  
[www.lapublichealth.org/acd/reports/acdcmr.pdf](http://www.lapublichealth.org/acd/reports/acdcmr.pdf)

### Adult HIV/AIDS Case Report Form

(patients over 13 years of age at time of diagnosis with out personal identification, for pediatric cases see below)  
HIV Epidemiology Program ..... 213-351-8516  
[www.lapublichealth.org/HIV/hivreporting/Adult%20HIV-AIDS%20Case%20Report%20Form.PDF](http://www.lapublichealth.org/HIV/hivreporting/Adult%20HIV-AIDS%20Case%20Report%20Form.PDF)

### Invasive Pneumococcal Case Report Form

Acute Communicable Disease Control ..... 213-240-7941  
[www.lapublichealth.org/acd/procs/pneumo/spfrm4.pdf](http://www.lapublichealth.org/acd/procs/pneumo/spfrm4.pdf)

### Sexually Transmitted Disease Confidential Morbidity Report

STD Program ..... 213-744-3070  
[www.lapublichealth.org/std/forproviders/CMRFINAL121102.pdf](http://www.lapublichealth.org/std/forproviders/CMRFINAL121102.pdf)

### Confidential Morbidity Report of Tuberculosis (TB) Suspects and Cases

Tuberculosis Control ..... 213-744-6160  
[www.lapublichealth.org/tb/cmr/cmrfaq.pdf](http://www.lapublichealth.org/tb/cmr/cmrfaq.pdf)

### Animal Bite Report Form

Veterinary Public Health ..... 877-747-2243  
[www.abweb.lapublichealth.org/phcommon/public/bite/biteaddform.cfm?ou=ph&cunit=veter&prog=dcpr](http://www.abweb.lapublichealth.org/phcommon/public/bite/biteaddform.cfm?ou=ph&cunit=veter&prog=dcpr)

### Not included in this issue:

#### Pediatric HIV/AIDS Case Report Form

(patients less than 13 years of age at time of diagnosis)  
Pediatric AIDS Surveillance Program ..... 213-250-8666  
\*\* Must first call program before reporting. \*\*  
[www.lapublichealth.org/hiv/hivreporting/Pediatric HIV-AIDS Case Report Form.pdf](http://www.lapublichealth.org/hiv/hivreporting/Pediatric HIV-AIDS Case Report Form.pdf)

#### Animal Diseases and Syndrome Report Form (online):

Veterinary Public Health ..... 323-730-3723  
[www.abweb.lapublichealth.org/phcommon/public/adss/adssaddform.cfm?ou=ph&cunit=veter&prog=dcpr](http://www.abweb.lapublichealth.org/phcommon/public/adss/adssaddform.cfm?ou=ph&cunit=veter&prog=dcpr)

#### Lead Reporting Form

Lead Program ..... 213-351-5086  
Call program to obtain reporting information.

<i><b>This Issue . . .</b></i>	
<i>2003 Changes in Reporting</i> . . . . .	<i>1</i>
<i>Privacy Standards for Medical Records</i> . . . . .	<i>1</i>
<i>Foodborne Illness Reporting</i> . . . . .	<i>2</i>
<i>Reporting Cases of Vaccine-Preventable Diseases</i> . . . . .	<i>4</i>
<i>TB Screening Guidelines</i> . . . . .	<i>5</i>
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COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES  
**Public Health**

313 North Figueroa Street, Room 212  
Los Angeles, California 90012